



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

Dannel P. Malloy
Governor

Patricia A. Rehmer, MSN
Commissioner

Memorandum:

TO: Public Health Committee

FROM: Commissioner Patricia Rehmer, MSN, DMHAS

DATE: March 4, 2015

SUBJECT: Written Testimony on House Bill 6276

Good Afternoon Senator Gerratana, Representative Ritter, and distinguished members of the Public Health Committee. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services (DMHAS), and I am writing today to address Proposed H.B. No. 6276 AN ACT CONCERNING TRAINING FOR HEALTH CARE PROFESSIONALS IN YOUTH SUICIDE PREVENTION.

Current related efforts in CT

The CT Department of Mental Health and Addiction Services (DMHAS) is supportive of all efforts that raise awareness of suicide and want to inform the committee members that there are activities currently underway that help address the issue of training health care professionals. DMHAS, along with the CT Department of Children and Families (DCF), co-founded and has been co-sponsoring the CT Suicide Advisory Board (CTSAB) since January 2012, which functions as the single state-level suicide advisory board in CT that addresses suicide prevention and response across the lifespan. The CTSAB is made up of state and local agencies, profit and non-profits, community and faith-based organizations, hospitals, military, schools, higher education, towns, private citizens, students, survivors, and advocates.

DMHAS and DCF are cooperating with the CT Department of Public Health (DPH), specifically the Injury Prevention Unit and Adolescent and Child Health Unit, through the CTSAB to address recommendations in the National Strategy for Suicide Prevention, the CT Suicide Prevention Plan 2020 (expected release MAR 2015), and of the National Action Alliance for Suicide Prevention. Efforts include the collaborative braiding of federal block grants dollars with suicide prevention requirements and outcomes out of the Centers for Disease Control and Prevention (Public Health Block Grant, Maternal and Child Health Block Grant) and the Substance Abuse and Mental Health

Services Administration (Mental Health Block Grant) to support the development and dissemination of new materials and evidence-based, best practice training promotion directed at health care providers via the Wheeler Clinic, Inc. and the United Way of CT, funded providers of each state agency. New contract language between DPH and these agencies to address these deliverables is pending execution, but is anticipated early spring. Materials will be aligned with the statewide suicide prevention campaign and website: “1 WORD, 1 VOICE, 1 LIFE...Be the 1 to start the conversation,” that promotes the National Suicide Prevention Lifeline per best practice. Materials will be disseminated statewide through various mechanisms in coordination with professional agencies, organizations and associations, and will be added to the current menu of free materials on the state website: www.preventsuicide.org. Evidence-based, best practice resources for health care provider training and service provision are posted there currently as well.

Should the Committee decide to move forward on this proposal we want to share some additional information:

- **Suicide prevention training should be focused across that lifespan.**

In 2012 in CT, 9/100,000 people died by suicide (OCME), and 78/100,000 people who attempted suicide were admitted to the hospital (CHA). In addition, 95% of the 372 people who died by suicide in 2012 were over the age of 19 (OCME). The rate of suicide attempt across the lifespan is at least 3-4 times that of suicide deaths, and is highest among 15-24 year olds with most attempts going unreported and untreated. Therefore, suicide prevention education and training for health care professionals should not be limited to practitioners working with youth.

- **For all targeted providers, training frequency and duration should be based upon recommendations, existing evidence-based, best practice trainings, and national recommendations.**

Studies show that 83% of individuals who died by suicide had visited their Primary Care Provider within 12 months prior, 20% within a day of their death, and 58% of older adults age 55+ within a month of their death (Pirkis & Burgess, 1998). In addition, 66% of individuals were not in mental health treatment at the time of their death (NAASP, 2011). Therefore, Primary Care Providers and settings are key gatekeepers for individuals at risk of suicide. They may advance their existing efforts to increase identification, referral, access to care, care coordination, and follow-up post discharge of individuals at risk through the use of various evidence-based strategies, practices, tools and policies, and by ensuring that clinical and professional staff are trained and educated appropriately and sufficiently. It is crucial that they maintain current knowledge of methods to identify risk factors, warning signs, assess intent, counsel access to lethal means, and develop safety plans with patients. Many evidence-based,

best practice trainings for health care clinicians are brief in duration in order to accommodate their schedules. Also, *no one training includes all of the necessary content* to ensure comprehensive knowledge acquisition, or skill development and maintenance of the aforementioned information. Therefore, multiple trainings are required to cover the full scope. Examples of trainings are: Recognizing and Responding to Suicide Risk for Primary Care-Youth and Adult versions (1.5 hrs each/CMEs)- <http://www.suicidology.org/training-accreditation/rrsr-pc>; http://zerosuicide.actionallianceforsuicideprevention.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/Workforce%20Training%20chart%2009_29_13%20LM2.pdf#page=2

Suicidology is a relatively new scientific field that began in the 1950s and is advancing rapidly, especially within the past 10 years. The prevalence of suicidal thoughts and behaviors, and the lethality of these behaviors, makes suicide a major mental health and public health problem, and it should be made a priority that all health care professionals maintain current knowledge of and capacity to employ evidence-based, best practices through regular training. The National Action Alliance: Clinical Care and Intervention Task Force recommends at minimum *annual* training: <http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/taskforces/ClinicalCareInterventionReport.pdf> . At minimum, providers should review recognizing warning signs and risk factors for suicide and policies and procedures of how to get clients or patients to help.

Finally, an additional concern would be that while there would not be a cost to DMHAS if this is a continuing education requirement of health care professionals, any language that would mandate DMHAS to provide this training would generate a fiscal note. Thank you for your time and attention to this matter.